

ANCDS Certification Board
Written Case Summary - Review Sheet

Candidate #2k (1st draft) Review Team Member: _____

Format	Comments
Up to 25 double-spaced pages maximum	<ul style="list-style-type: none"> • Would be helpful to have page numbers
Deleted patient identifying information.	<ul style="list-style-type: none"> • Met standard
Publication quality minus requirements for experimental rigor.	<ul style="list-style-type: none"> • No. The case study reads like a report rather than a scholarly paper. Writing style occasionally confusing. Writer needs to use consistent format (e.g., APA).
Content Areas	
<p>Relevant History: This section includes comprehensive demographic information (age, gender, education, occupation, etc.), relevant medical history, current clinical neurologic findings and premorbid communication status presented in a HIPAA compliant manner.</p>	<ul style="list-style-type: none"> • I think the history is generally complete and well written. There is one statement, however, that makes me question if the writer understands the visual pathways and how hemianopsia impacts vision. • Appropriate medical background provided. A bit more on her social history would present a more complete picture of the whole person. What about her motor skills – could she walk and/or use her left arm?
<p>Assessment Methods/Tests & Results: This section includes specific standardized and non-standardized assessment procedures chosen, with rationale for their use. Results should be summarized in a way that is succinct and easy to examine, such as in tables or figures. Include test scores and interpretation when possible.</p>	<ul style="list-style-type: none"> • Assessment results are clearly presented in a manner that makes it easy to examine. • I wonder why the clinician does not include any mention of the patient’s awareness of her deficits as anosognosia is frequently seen in patients with lesions in the right hemisphere and its presence has significant implications for response to rehabilitation. • Excellent description of standardized and non-standardized assessments. • Reading and writing were not assessed. What was the reason for skipping this? Left inattention significantly affects functional reading and writing. Describe the table, e.g., do the numbers across the top represent scaled scores? What score corresponds to mild/mod/severe deficits?
<p>Diagnostic and Prognostic Conclusions: This section includes information regarding differential diagnosis, as well as severity and prognosis and supporting rationale. The Candidate should also specify how the differential diagnosis of the communication disorder is consistent with or not compatible with the neurologic findings (e.g., clinical exam, neuroradiologic results).</p>	<ul style="list-style-type: none"> • “Improved function” is rather general. Were positive and limiting factors both considered when reporting overall prognosis as “good”? NIH stroke score was used to reflect overall severity, but this scale doesn’t capture the deficits identified during testing. The severity of the specific cog-comm deficits should be considered when determining the prognosis. What about patient’s awareness of her deficits? How would this influence recovery? <i>More references should be provided.</i>
<p>Management Recommendations and Procedures: This section includes information regarding the management approach chosen as well as the therapy goals and procedures that were implemented. The Candidate should indicate how the treatment approach meets standards of evidence-based practice. The description of clinical decisions regarding frequency of sessions, stimuli</p>	<ul style="list-style-type: none"> • Given that the patient was only going to be in rehab for 21 days and the goal was “home placement if possible”, I wonder why the approach was restorative rather than compensation. • Goals look appropriate and relevant related to the deficits noted by the assessments. Treatment tasks and environmental modifications also appear to be appropriate and demonstrate addressing a number of her deficits. • Interesting technique to use tactile/sensory stimulation

<p>content, how practice was organized within the session, etc. should be made clear and include rationale. If a treatment approach is unique (not described in the literature), it must be defined explicitly. If the treatment represents an application of something well described in the literature, a reference to the literature will suffice, with appropriate modifications for the given patient. In either case it is essential to include rationale for the decisions about treatment.</p>	<p>paired with visual scanning task. I appreciate that the clinician took an approach in the literature and modified – I would have liked to have known why the approach was modified.</p>
<p>Data Documenting Outcome of Treatment: This section includes a brief description of the outcome measures chosen with rationale specifically stated. If methods and procedures other than standardized instruments were utilized during the speech-language evaluation, a thorough description of these, plus analysis of these data, must be included.</p>	<ul style="list-style-type: none"> • Nice changes on the Burns – Right Hemisphere battery. What about on the Burns – Complex Neuropath? • Good hypothesis re: clock drawing results. Any functional changes evident (e.g., on reading & writing, eye contact with conversational partners on left side, etc.)? • Very detailed description of the outcomes and improvements. Interesting comment from the writer about the clock drawing instructions. It would have been appropriate to comment on the initial testing of the ABCD scanning test in the section on Assessment Methods.
<p>Rationale for Termination of Treatment and Follow-up Recommendations: This section includes a rationale for any changes in treatment as well as rationale for concluding treatment. If the patient is still participating in speech-language intervention, the Candidate should state the criteria for termination of treatment. A statement of recommendations for any follow up (home programs, scheduled re-evaluations, etc.) should be included.</p>	<ul style="list-style-type: none"> • Reported anticipated trajectory through the health care continuum. Appropriate comments re: impact of health care system. Criteria for eventual termination of treatment was provided. • Appropriate comments given that treatment was not terminated at the writer’s level of care.
<p>Neurologic Considerations: This section includes a discussion regarding the neuropathology and underlying anatomical and physiological substrates, as well as the influence of neuropathology (and other relevant factors) on diagnosis, prognosis, and treatment.</p>	<ul style="list-style-type: none"> • Does this patient really fit the description of alien hand syndrome? I’m also not sure that the lesion fits with what is reported in the literature. Are there other possible explanations for this behavior? Somatoparaphrenia? • Good connection of behaviors to brain regions. No mention of the influence of the neuropathology on prognosis or treatment.
<p>Quality Assessment Statement: The Candidate should provide a discussion regarding why the treatment was or was not successful, as well as why and how he or she would do things differently. A brief statement of how this case was typical or atypical (diagnostically and in management) should be included.</p>	<ul style="list-style-type: none"> • Writer refers to other disciplines also contributing to overall outcome. Perhaps some references to the effectiveness of Interprofessional Practice could be included, though I believe the primary focus should be on outcomes related to SLP intervention. • There are obviously many additional assessments that could be applied in a case such as this. I would like to discuss with the applicant how we focus our evaluations and choose the therapeutic emphasis for patient’s rehabilitation.

Very interesting case to review – a great amount of detail in the case description, background and treatment. Only other comment is to make sure to label/title Figures and Tables in the paper and appendices.